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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28

Registered No. 139

1. PLACE OF DEATH

County Cochise State Arizona

District or Township Bisbee or Village or

City Bisbee No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Allen Anderson McPherson

(a) Residence, No. St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 17-1851

7. AGE — Years: 77 | Months: 1 | Days: 2 | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Arkansas

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12. MAIDEN NAME OF MOTHER Elizabeth Shannon

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14. Informant

(Address)

15. Filed 10-20-1928 R D Dunfee Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF ~~BIRTH~~ DEATH 10 — 19 — 1928
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from

, 19 to , 19 ,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R D Dunfee Heath Office, M.D.
19 (Address)

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Bisbee Ariz — DATE OF BURIAL: 10/20/28

20. UNDERTAKER: Palace Undertaking Co — ADDRESS: Bisbee Ariz